



# Talent Release Form



Purpose: \_\_\_\_\_

Health Entity: \_\_\_\_\_

(Barossa Hills Fleurieu Local Health Network / Central Adelaide Local Health Network / Commission on Excellence and Innovation in Health / Department for Health and Wellbeing / Eyre and Far Northern Local Health Network / Flinders and Upper North Local Health Network / Limestone Coast Local Health Network / Minister for Health and Wellbeing / Northern Adelaide Local Health Network / Riverland and Mallee Coorong Local Health Network / Southern Adelaide Local Health Network / Wellbeing SA / Women's and Children's Local Health Network / Yorke and Northern Local Health Network)

I: \_\_\_\_\_  
(PLEASE PRINT FULL NAME)

of: \_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

\_\_\_\_\_  
(PLEASE PRINT PHONE NUMBER)

\_\_\_\_\_  
(PLEASE PRINT EMAIL ADDRESS)

acknowledge and agree that:

1. I am aged over 18 years and am signing for myself

OR

I am the parent / guardian / medical agent of the person named below:

\_\_\_\_\_

2. I consent to the collection, storage, disclosure and use of my / the child's / the patient's image, voice and / or identity by or on behalf of the Health Entity for the Purpose set out above or other Government purposes (including press, TV, print publications, websites including social media and advertisements or any other means of communication whatsoever);

3. I consent to details of my / the child's / the patient's medical condition being provided for the specified Purpose;

4. copyright in any recording made or image taken by or on behalf of the Health Entity of myself / the patient / the child or any performance of myself / the patient / the child, in connection with the specified Purpose is owned by the Health Entity and I further agree that any use by the Health Entity of the patient's performance or image is authorised for the purposes of the Copyright Act 1968 (Cth), Privacy Act 1988 (Cth) and any other applicable laws;

5. my / the child's / the patient's participation in the specified Purpose may be edited at the sole discretion of the Health Entity;

6. the Health Entity is not obliged to include myself / the patient / the child in the specified Purpose;

7. I release the Crown in right of South Australia from any claim by me or anyone on my behalf for any cost, expense, loss or damage arising out of the collection, storage, disclosure or use of my / the patient's / the child's image, voice and / or identity for the specified Purpose or other Government purposes (including press, TV, print publications, websites including social media and advertisements or any other means of communication whatsoever);

8. there will be no payment or other consideration paid for the use of my / the patient's / the child's image, voice and / or identity; and

9. I consent for my / the child's / the patient's image, voice and / or identity to be used for an undefined period unless consent is withdrawn through written notice to the Director, Media and Communications Branch, Department for Health and Wellbeing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_